

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

FILED

OCT 29 2007

U.S. DISTRICT COURT
DISTRICT OF DELAWAREDESHAUN D. DARLING

Plaintiff

V.

C.M.S. THOMAS CAROL CARL DANBORG

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

- 07 - 683

CASE NUMBER:

I, DESHAUN D. DARLING

declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration DELAWARE CORRECTIONAL CENTER

Inmate Identification Number (Required): _____

Are you employed at the institution? YES Do you receive any payment from the institution? YESAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|--------------------------------------|-------------------------------------|
| a. Business, profession or other self-employment | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| e. <u>Gifts or inheritances</u> | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No |
| f. <u>Any other sources</u> | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

What ever that my friends or family can spare.

DELAWARE CORRECTIONAL CENTER
INMATE REQUEST FOR CERTIFIED TRUST FUND
ACCOUNT STATEMENT OF PRIOR SIX-MONTH PERIOD

TO: Mrs. Tonya Smith
Support Services Manager
Delaware Correctional Center
Smyrna, Delaware 19977

DATE: _____, 2007

FROM:

Deshaune D. Darling Sr.
Inmate Name (Please Print Name)

229896
SBI #

--- I HEREBY CERTIFY ---

Pursuant to the Prison Litigation Reform Act, 28 U.S.C. 1915 (a)(2),
Effective April 26, 1996, I am requesting a certified Statement of my Institution Trust
Fund Account for the previous six-month period. Please forward same to me.

Deshaune D. Darling Sr.
Signature

(28 U.S.C. 1746 and 18 U.S.C. 1621)